

Registration Form

Children Change The World Montessori Conference Calgary, Alberta

April 16 – April 17, 2016

Exhibit Hall

Please find some time and join us to see the Exhibitors during the conference. You will find vendors and exhibitors from many different areas all in support of the Montessori Philosophy. This is a great place to build friendship refresh and network with individuals that are working in your field or in a supporting area.

We do have spaces available please contact Christine Kamplin at @ 403-873-1198

FAQ:

- 1. Who are the Attendees?** – Approximately 200 Individuals that are passionate about Children, Educators from many different fields, as well as, friends and family of individuals interested in Montessori.
- 2. Why Should I exhibit?** This will introduce you to and allow for you to network with individuals in Montessori as well as other teachers education program and parents of early learners.
Promote and increase awareness of your organization or company and how you could be of service to the individuals in this field.
Make sales of your product or service right on the spot.
- 3. What is the cost to exhibit?** There will be a nominal fee of \$100 for two days of showcasing.
- 4. What does each space include?**
The location of the Exhibitor Hall is still being decided, it will be located in the Delta Hotel and in an area that is easily accessible to all guests. Table, chair(s) and table covering will be provided; all signage and display will be provided by the exhibitor.
- 5. Do I have to provide liability and insurance coverage?**
No MCHA will provide liability and insurance coverage
- 6. How do I register for an exhibit place?** - Assignments will be made based on availability. Please contact Christine Kamplin at 403-873-1198 or kamplin@montessoriway.ca

Contact Information:

(____) _____ (____) _____ _____
Work Phone Home or Cell Phone E-Mail (**required for registration confirmation**)

Name (first and last, please specify if you are called by a nickname, e.g. Katherine vs. Kate)

Street Address Apt. or Suite Number Home or Business

City State or Province ZIP or Postal Code Country

	Each Table	How Many Tables?
2-Day (Sat& Sun)	\$100.00	

Payment and Cancellation Policy Agreement:

By signing below, you agree to the terms and conditions of the cancellation and payment policy.
Cancellation Policy: Requests for refunds must be sent in writing by e-mail, post mail or faxed. There will be a \$50.00 cancellation fee that will be debited from the refund. The deadline to cancel is March 14, 2016.

Total Fee: \$ _____

Enclosed is my check or money order for the Total Fee of \$ _____
(Payable to MCH Charity Foundation in Canadian Dollars with a Canadian Bank Only)

Or

Charge Total Fee \$ _____ to my:
 Visa American Express MasterCard

16-Digit Card Number Expiration Date

Cardholder Name (exactly as it appears on the card) Cardholder Signature